

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 20135764
Issue No: 2019
Case No: [REDACTED]
Hearing Date: February 14, 2013
Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Suzanne L. Morris

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on February 14, 2013. The claimant's authorized hearing representative, Andrew Bisig, her son, appeared. The department witness was [REDACTED].

ISSUE

Did the department properly determine the claimant's new Patient Pay Amount (PPA) effective date was September 1, 2012?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Claimant is a long-term care (LTC) patient who meets the eligibility requirements for Medical Assistance (MA).
2. On September 10, 2012, a fax was received by the department that indicated the claimant would now be responsible for paying a dental insurance premium in the amount of \$ [REDACTED] monthly.
3. The department entered the insurance deduction into the system and affected the claimant's PPA for September, 2012.
4. The claimant was mailed a Notice of Case Action (DHS-1605) on September 13, 2012 that indicated that the PPA amount beginning September 1, 2012 was \$ [REDACTED].

5. The claimant's representative submitted a hearing request on September 21, 2012.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Pursuant to department policy in BEM Item 546, the client's PPA must be determined when determining post-eligibility for MA benefits. The PPA is the client's share of costs for long-term care. It is the client's total countable income minus the client's total need. The total need is the sum of the following:

- Patient Allowance.
- Community Spouse Income Allowance.
- Family Allowance.
- Children's Allowance.
- Health Insurance Premiums.
- Guardianship/Conservator Expenses. BEM Item 546

In this case, the claimant's PPA would change, because she had a change in allowable need deductions (health insurance premiums). The claimant's representative only disputes when the change should have taken effect. The claimant's representative testified that his mother began paying the premium in July, 2012 and he believes his mother should be eligible to have her PPA reduced beginning in July, 2012.

The relevant policy states that for the MA program, the department must act on a change reported by means other than a tape match within 15 workdays after becoming aware of the change. BAM 220.

In this case, the PPA change took place effective September 1, 2012 because the department was notified by fax on September 10, 2012 of the new insurance premium. The claimant's representative does not dispute that this was the initial notification to the department of the new premium. The department acted on the information well within the 15 workdays and the change actually affected the PPA for the month in which the change was submitted. However, department policy does not allow for the department to make the PPA change retroactive when no notification was provided to the department about the new insurance premium prior to September, 2012.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly determined the claimant's new Patient Pay Amount (PPA) effective date was September 1, 2012.

Accordingly, the department's determination is **UPHELD**. SO ORDERED.

/s/ _____
Suzanne L. Morris
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: February 19, 2013

Date Mailed: February 19, 2013

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

NOTICE: Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

20135764/SLM

Request must be submitted through the local DHS office or directly to MAHS by mail at

Michigan Administrative hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

SM/cr

cc:

